

FILED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28107

State File No.

28107

Registration District No. 213

Primary Registration District No. 3014

Registrar's No.

246

1. PLACE OF DEATH

- (a) County Col
(b) City or town Jefferson City
(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether)
In this community 0 years, months or days

3. (a) PRINT FULL NAME

Cora Alice Mayfield

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married Married
divorced _____

6. (b) Name of husband or wife Ernest May 6. (c) Age of husband or wife if alive 1899 years

7. Birth date of deceased May 17 1889
(Month) (Day) (Year)

8. AGE: 42 Years 5 Months 6 Days If less than one day
57 hr. min.

9. Birthplace Marion County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife at home

11. Industry or business at home

12. Name Joe Capeland Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Birthplace Unknown
(City, town, or county) (State or foreign country)

16. Informant Mr. Elliott Address Dixon, Mo

17. (a) Burial, cremation, or removal Unknown (b) Date thereof Aug 25 1941
(Month) (Day) (Year)

- (c) Place: burial or cremation Hayden, Mo

18. (a) Signature of funeral director James Service
(b) Address 700 Jefferson

19. (a) 8-25-41 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Marion
(c) City or town Hayden Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 11 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1941 hour 5:45 minute PM M.

21. I hereby certify that I attended the deceased from Aug 15, 1941, to Aug 23, 1941; that I last saw her alive on Aug 23, 1941; and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

- Pulmonary Embolism

- Due to Post-operative - 8:23.41

- Due to Thyroidectomy

- Other conditions (Exopthalmic goitre)
(Include pregnancy within 3 months of death)

- Major findings: Exopthalmic goitre PHYSICIAN
Of operations severe thyrotoxicosis

- Of autopsy _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

- While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature A. Ossman (M. D. or other) M.D.
Address Jefferson City Date signed 8-25-41

SEP 8 1941

SEP 23 1941

SEP 26 1941

OCT 21 1941

Diamond

AW

1941

1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Loren V. Anderson

Licensed Embalmer No.

3641

P. O. Address

Jeff City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo }
County of Cole } ss.

State File No. 28107

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this 21 day of Oct., 1941, before me appears Ernest Wm. Mayfield, who, upon his oath, states that the original record of birth death for Rosa Alice Mayfield died Aug. 23, 1941, in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 7 should read Mar. 17 1899

Instead of May 17. 1889

Item No. 8 should read 42 years 3 mo. 6 da

Instead of 52 years 3 mo. 6 da.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ernest W. Mayfield Husband

Relationship.

Stickney, Missouri
Present Address.

Subscribed and sworn to before me this 21st day of October, 1941.

MY COMMISSION EXPIRES AUG. 18, 1945

Pauline A. Schmidt Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

